

ITALIAN CATHOLIC FEDERATION

# APOSTOLATE CHARITY REPORT

# 2017

JULY 1, 2016 THRU JUNE 30, 2017

ALL BRANCHES: Please submit this report by July 15th to:

**I.C.F. CENTRAL OFFICE**  
**8393 CAPWELL DRIVE, SUITE 110**  
**OAKLAND, CA 94621**  
**(510) 633-9058 • Toll Free 1-888-423-1924**  
**Web Site: [www.icf.org](http://www.icf.org) • E-mail: [info@icf.org](mailto:info@icf.org)**

District: \_\_\_\_\_ Br.#/City: \_\_\_\_\_

Br. President: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Apostolate Chairman: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Diocese of: \_\_\_\_\_

Number of Members as of June 30th:



**PART I.** (For information only)

1. Did your Branch submit an Apostolate-Charity report last year?.....YES  NO
  
2. Does your Branch have an Apostolate Chairman?.....YES  NO
  
3. Is an Apostolate report given at each monthly meeting?..... YES  NO
  
4. Does the Branch Chaplain attend most of the monthly meetings?.....YES  NO
  
5. Is it the policy of your Branch to attend Mass together?
  - a. Monthly..... YES  NO
  - b. Quarterly..... YES  NO
  - c. Semi-Annually..... YES  NO
  - d. Annually..... YES  NO
  
6. Do your members, as a Branch, recite the rosary or pray for special intentions?..... YES  NO
  
7. Does your Branch offer Mass for deceased members?.....YES  NO
  
8. Does your Branch attend Branch/District sponsored:
  - a. Retreats..... YES  NO
  - b. Pilgrimages.....YES  NO
  - c. Day or Night of Recollection..... YES  NO
  
9. Did your Branch attend Bishop's Day last year?..... YES  NO
  
10. Did your Branch sponsor a special religious event during this past year?..... YES  NO   
If yes, what event?
  
11. Is there an Italian Mass in your area?...YES  NO  When/Where?\_\_\_\_\_
  
12. Please attach an explanation of examples of your Apostolate Works in the community and include pictures if possible. This will allow us to share this information with other Branches.

**PART II.**

**CHARITY DONATIONS**

**PLEASE NOTE THE FOLLOWING:**

- (A) ONLY MONETARY DONATIONS (CASH OR CHECKS) MAY BE REPORTED**
- (B) ALL REPORTED DONATIONS MUST GO THROUGH THE BRANCH TREASURY**
- (C) PLEASE ENTER TOTAL AT THE END OF THE COLUMN**

1.	DONATION RECIPIENT _____	AMOUNT _____
	_____	
2.	DONATION RECIPIENT _____	AMOUNT _____
	_____	
3.	DONATION RECIPIENT _____	AMOUNT _____
	_____	
4.	DONATION RECIPIENT _____	AMOUNT _____
	_____	
5.	DONATION RECIPIENT _____	AMOUNT _____
	_____	
6.	DONATION RECIPIENT _____	AMOUNT _____
	_____	
7.	DONATION RECIPIENT _____	AMOUNT _____
	_____	
8.	DONATION RECIPIENT _____	AMOUNT _____
	_____	
9.	DONATION RECIPIENT _____	AMOUNT _____
	_____	
10.	DONATION RECIPIENT _____	AMOUNT _____
	_____	
11.	DONATION RECIPIENT _____	AMOUNT _____
	_____	
12.	DONATION RECIPIENT _____	AMOUNT _____
	_____	

TOTAL:

